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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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CORRESPONDENCE ADDRESS**

Application Number	10/052,004
Filing Date	January 17, 2002
First Named Inventor	Anthony Zuppers
Art Unit	1753
Examiner Name	Alan Diamond
Attorney Docket Number	22122878-10

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☒ the attorneys/agents associated with Customer Number

26453

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

CORRESPONDENCE ADDRESS1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☒ Change the correspondence address and direct all future correspondence to:☐ The address associated with Customer Number:**OR**☒ **Firm or
Individual Name** Neokismet LLC**Address** 505 Montgomery St., Suite 300**City** San Francisco**State** CA**Zip** 94111**Country** United States of America**Telephone** 415 421 1794**Email****Signature****Name** James David Jacobs**Registration No.** 24,299**Date** July 19, 2006**Telephone No.** 212 626 4100**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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